

**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

10/540077

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			/			
3			/			
4			/			
5			/			
6			/			
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46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.			1			
TOTAL DEP.			13			
TOTAL CLAIMS			16			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						